| j |
|---|
| |
| |
| |
| |
| |
| |
| |
| |

PTO/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control n

UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| Attorney Docket No. | 2003/03 | |
|------------------------|---------------------------|------|
| First Inventor | Jayendra H. Bheda et al. | |
| Title | Reactive Carriers for Pol | 100 |
| Express Mail Label No. | EV 402538765 US | S.C. |
| | | |

| | | | | | | | | | مبوــــــــــــــــــــــــــــــــــــ |
|--|---|--|---|---|--|---|--|---|---|
| See MPEP (| | ON ELEMENTS ing utility patent applica | | ADDRE | ESS TO: | Commissi P.O. Box | o Patent Appl sioner for Pat 1450 ria VA 22313 | itents | 10/77 |
| 2. Submil 2. Applica See 37 3. Specific (preferr - Descr - Cross - Stater - Referr or a co - Backg - Brief 1 | cant claims small er FOR 1.27. ification red arrangement set the criptive title of the inversis Reference to Relate ement Regarding Fed drence to sequence list computer program list ground of the Invention Summary of the Invention Toescription of the Dra illed Description | uplicate for fee procession tity status. [Total Pagesforth below) ention ed Applications d sponsored R & D sting, a table, ting appendix ion ention | ing) <u>22</u>] | 8. Nucl (if ap a. b. | Computer Probleotide and/opplicable, all r Computer Specific i. Computer Specific Co | uter Readáble fication Seque CD-ROM or C Paper ments verifying | endix) I Sequence Form (CR ence Listing CD-R (2 cop | e Submission RF) g on: | |
| | n(s) ract of the Disclosure | , | ! | | | 1411110 7 | PLION. | IUNTALL | 13 |
| 4. Drawir 5. Oath or Dec a. New b. Cop (for i | claration ewly executed (original ewly ewly executed (original ewly executed (original ewly executed (original ewly ewly executed (original ewly executed (original ewly ewly executed (original ewly | [Total Sheets [Total Sheets ginal or copy] plication (37 CFR 1.6 sional with Box 18 conversed deleting inventor polication, see 37 CFR (b). TION, check appropriate in an Application Descriptional Examiner LAPPS only; The entillosure of the accompa | 63(d)) completed) or(s) oriate box, and suppleted at Sheet under 37 Continuation | 7 CFR 1.76. ation-in-part (C e prior applic | 37 CFR 3 (when ther English Tra Information Statement Preliminary Return Rec (Should be Certified C (if foreign µ Nonpublica (b)(2)(B)(i) or its equiv Other: uisite informa 5: (CIP) of | 73(b) Statemere is an assignanslation Doc n Disclosure the (IDS)/PTO-14 y Amendment the eipt Postcard the specifically it copy of Priority priority is clain ation Request the Applicant mit valent. The prior application of prior application the Unit: The prior and the the said is hereby | rent (ree) current (if a 449 nt red (MPEP 5 itemized) by Documer (med) should attach for a first under 35 nust attach for a first un | Copies of Citations 503) nt(s) U.S.C. 122 form PTO/SB/ | IDS |
| The incorporation |)n can only be renec | d upon when a portion 19. | . CORRESPONI | | | ibmitted applic | cation parts | is . | <u></u> |
| Custom | mer Number: | | | | OR | ☑ Corre | spondence | e address belo | ow |
| Name | Gregory N. Cleme | ents | | | | | | | |
| Address | KoSa 4501 Charlotte Park Drive | | | | | | | | |
| City | Charlotte | | State NC | <u> </u> | | Zip Co | 20217-19 | 979 | |
| Country | USA | | 16 | elephone | 704-366-664 | 2 | Fax | X 704-366- | 9744 |
| | (Vpe) Gregory N. C | Clements () | | Registrat | tion No. (Atto | mey/Agent) | 30,713 | | |
| Signature | 19re | any MX | Vinest | 5 | | | Date | February 6, 2 | 2004 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

February 6, 2004

| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | Under the Pap | Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | | | | ntrol number. | | |
|--|---|---|----------------------|--|----------|--------------------|----------------------|----------|----------|---------|----------------|--------------------------|-------------|--|
| FOR FY 2004 Effective 10/01/2003. Patient fiese are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (S) 1130.00 METHOD OF PAYMENT (check all that apply) Check Credit card Money Other None Other O | FEE TRANSMITTAI | | | | | | Complete if Known | | | | | | | |
| First Named Inventor First Name First | PEE I KANSIVIII I A | | | | | | Application Number | | | er | | · | | |
| Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (check all that apply) FEE CALCULATION (continued) | | f | or FV | 200/ | i | L | Filing Date | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (s) 1130.00 Art Unit Attorney Docket No. 2003/03 | Effective 10 | | | | | L | First Named Inventor | | | | BHEDR | A, ET AL | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1130.00 | | | | | | | Examiner Name | | | | | | | |
| Check Gredit card Money Other None Other None Other | Applicant ci | laims | small entity statu | | | | | | | | | | | |
| Check Credit card Money Other None Deposit Account: | TOTAL AMOL | JNT (| F PAYMENT | (\$) 1130 | ე.00 | | Attorn | ey Do | cket N | lo. | 2003/03 | 3 | | |
| Deposit Account: Deposit Account: Deposit Account: Deposit Account: Number Deposit Account: Clements & Hofer Deposit Account: Number Deposit Account: Clements & Hofer Deposit Account: | METHOD |) OF | PAYMENT (che | ck all that ap | ply) | | | | | | | | | |
| Deposit Deposit Deposit Deposit Deposit Deposit | ☐ Check 🗸 | Credit | | | None | 3. ADDITIONAL FEES | | | | | | | | |
| Deposit Account Number Deposit Name Number Number Deposit Name Number Number Number Number Number Number Number Number N | Deposit Acco | ount: | — VIU. | | | I | | | | | | | | |
| Complete | Deposit | | 40 | | 一 | | | | | | Fee [| Description | Eso Paid | |
| Deposit Account Name Director is authorized to: (check all that apply) Dehapier for is authorized to: (check all that apply) Dehapier for is authorized to: (check all that apply) Dehapier for is authorized to: (check all that apply) Dehapier for a victorial filing fee or cover sheet that apply) Dehapier for a victorial filing fee or cover sheet that apply is the provisional filing fee or cover sheet than the provision of six provisional filing fee or cover sheet than the provision of six provisional filing fee or cover sheet than the provision of six | | 4-14 | 48 | | | | 1 | | | Surcha | arge - late | filing fee or oath | ree Faiu | |
| Name Director is authorized to: (check all that apply) Charge fee(s) indicated below | Deposit | leme | nts & Hofer | | | 1052 | 50 | 2052 | 25 | Surcha | arge - late | - | | |
| Charge fee(s) indicated below, except for the filling fee to the above-identified deposits account. 1812 2,520 1812 2,520 For filling a request for ex parte reexamination 1805 1,840 1805 1 | Name L | | | | / | 1053 | 130 | 1053 | | | | ecification | | |
| Charge any additional feets) or any underpayment of feets) Charge any additional feets) or any underpayment of feets Charge feets) indicated below, except for the filling fee In the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE arge Entity Small Entity Fee Fee Fee Fee Fee Fee Description 1. Code (\$) 1. C | | | . — | | comente | Ь | | | | | | | | |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | • | | · 1 | 1804 | 920* | Reque | sting publ | lication of SIR prior to | | |
| 1. BASIC FILING FEE 1252 420 2252 210 Extension for reply within first month 1. Extension for reply within first month 1. Extension for reply within for reply within for reply within for reply within first month 1. Extension for reply within for reply within first month 1. Extension for reply within first month 1. Extens | = ' ' | | ` , | | ` ' | 1805 | 1.840* | 1805 | | | | | | |
| 1. BASIC FILING FEE | to the above-identit | fied de | posit account. | | | | İ | | | Exami | ner action | 1 | ┝┈┈┤╿ | |
| 1.5 ASIGN FILING FEE | | | | ON | | | - 1 | | | _ | | | | |
| Total Claims 33 -20** = 13 X 18 234 180 255 250 | | | | | | | | | | | | | | |
| Code S | | | | on F | ee Paid | | - 1 | | | | | | <u> </u> | |
| 1002 340 2002 170 | | | Tee Poolities. | <u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u> | 36 F &IG | | · | | | | | | | |
| 1002 340 2002 170 | 1001 770 200 |)1 38 | 5 Utility filing for | ^{ee} [7 | 70.00 | | · I | | • | | | • | ┝──┤┞ | |
| 100 170 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing 1405 150 1451 1,510 | 1002 340 200 |)2 170 |) Design filing | fee | <u> </u> | | | | | | | | <u> </u> | |
| SUBTOTAL (1) (\$) 770.00 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims 33 | l l | | 3 | ļ | | | - 1 | | | _ | | ••• | | |
| SUBTOTAL (1) (\$) 770.00 1452 110 2452 55 Petition to revive - unavoidable 1453 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1,330 2453 665 Petition to revive - unintentional 1,530 1 | | | | " ⊢ | | | - 1 | | | | | • | <u> </u> | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from Fee Paid Independent A - 3** = | 1005 160 2005 80 Provisional filing fee | | | | | | | | • | | | , , | ļ | |
| Submitted By Complete (if applicable) Comp | 1 | | SUBTOTAL (| 1) (\$) 770.0 | ეი | l. | | | | | | | | |
| Total Claims 33 -20** = 13 X 18 | 2. EXTRA CLA | AIM F | EES FOR UTIL | ITY AND R | EISSUE | | | | | | | | | |
| Total Claims 33 -20** = 13 X 18. = 234. | | | | Fee from | | | | | | - | | • | | |
| Independent | Total Claims 3 | 33 | | | | | | | | _ | | е | | |
| Multiple Dependent Large Entity Small Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Code (\$) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) Recording each patent assignment per property (times number of properties) | Independent / | | | = | | | | | | | | Commissioner | | |
| Large Entity Small Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Fee Fee Fee Fee Fee Code (\$) 8021 40 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 40.00 1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1804 86 2204 43 ** Reissue independent claims over original patent 1801 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application 1802 900 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00 SUBMITTED BY Registration No. (Altomev/Agent) 30,713 Telephone 704.366.6642 | Multiple Depender | nt | | = | | | 1 | | | | | | | |
| Fee Fee Code (\$) | Large Entity Si | mall E | ntity | | | | | | | | - | ` '' | | |
| 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent over original patent 1801 770 2801 385 For each additional invention to be examined (37 CFR 1.129(b)) 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 320.00 **or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable)) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) | Fee Fee F | Fee i | ee <u>Fee Desc</u> | <u>cription</u> | , | | | | | | | | 10.00 | |
| 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims over original patent over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 320.00 **or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable)) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid **Reduced by Basic Filing Fee Paid **Reduced by Basic Filing Fee Paid **Complete (if applicable)) **Reduced by Basic Filing Fee Paid **Complete (if applicable)) | | | | xcess of 20 | ! | | | | | proper | rty (times | number of properties) | 40.00 | |
| 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 320.00 **or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable)) Registration No. (Altomev/Agent) Registration No. (Altomev/Agent) Registration No. (Altomev/Agent) 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00 | | | - | | ess of 3 | 1809 | 770 | 2809 | 385 | | | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination of a design application 1205 1802 900 Request for expedited examination 1205 1802 900 Request for exam | l l | | • | | | 1810 | 770 | 2810 | 385 | • | | • • • | | |
| 1205 18 2205 9 "Reissue claims in excess of 20 and over original patient SUBTOTAL (2) (\$) 320.00 **or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable)) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) | 1204 86 | | 43 ** Reissue i | independent cla | , | | | | | exami | ned (37 C | CFR 1.129(b)) | | |
| and over original patent SUBTOTAL (2) (\$) 320.00 ***or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable)) Registration No. (Altomev/Agent) Registration No. (Altomev/Agent) Registration No. (Altomev/Agent) Registration No. (Altomev/Agent) | | | • | • | | | | | | | | • • | | |
| SUBTOTAL (2) (\$) 320.00 **or number previously paid, if greater; For Reissues, see above SUBMITTED BY Complete (if applicable)) Registration No. (Attomet/Agent) | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above SUBMITTED BY (Complete (if applicable)) Registration No. (Attomev/Agent) Registration No. (Attomev/Agent) Telephone 704.366.6642 | SUBTOTAL (2) (\$\)320.00 | | | | | | fee (sp | ecify) _ | | | | | | |
| SUBMITTED BY (Complete (if applicable)) Registration No. (Attorney/Agent) 704.366.6642 | **or number pre | | | | | *Redu | ced by | Basic F | iling Fe | ee Paid | ^j s | SUBTOTAL (3) (\$) 40.00 | 5 | |
| Name (Print/Type) Gregory N. Clements Registration No. (Attorney/Agent) 30,713 Telephone 704.366.6642 | | | | | | | _ | | | | | | | |
| (Altomet/Agent) | Name (Print/Type) | | Gregory N. Cler | ments / | | | | | 30 | 713 | | | | |
| | Signature Live Williams | | | | | | (Attorney/Agent) | | | | | 104 | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Docket: <u>2003/03</u>

Certificate of Mailing by "Express Mail"

I, Nancy Burns, do hereby certify that the foregoing or attached documents are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on February 6, 2004

Name: Nancy Burns

Express Mail Label No.: EV 402538765 US

February 6, 2004
Date of Deposit

14EV40253A765US